2005 NOT-FOR-PROFIT CORPORATION **AMENDED ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N51086 FILED DUNNELLON POST NO. 7991 VETERANS OF FOREIGN 05 JUN 15 AM 9:18 WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address SECHETASSEE, FLORIDA POST-OFFICE-BOX-2714 POST OFFICE BOX 2714 DUNNELLON, FL 34430 US DUNNELLON, FL 34430 2. Principal Place of Business 3. Mailing Address 3107 W. DUNDELLEN RD 3107 W. DUNNELLEN RD Suite, Apt. #, etc. Suite, Apt. #, etc. 06132005 CR2E037 (10/03) Chg-NP Applied For 4. FEI Number 59-2934316 City & State City & State FL Dannellon DUNNIELLAN FL Not Applicable Country Zip \$8.75 Additional 5. Cortificate of Status Desired П 24433 24433 450 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HACKER, ROBERT-A. Street Address (P.O. Box Number is Not Acceptable) 8783 N. RONDA DRIVE CITRUS SPRINGS, FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 6-13-05 SIGNATURE ROBERT A FLACKER 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 TITLE TITLE "Delete ☐ Change ★ Addition ROBERT C CHESTER KEARBEY, BYRON R NAME NAME 6431 W. ANGELA CT STREET ADDRESS 9976 S. W. 182ND CIRCLE STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34432 CITY-ST-ZIP DUNNALLOW, FL 34433-2077 TITLE JOHN BERNAL ☐ Change ★ Addition Delete TITLE 9365 S.W. 2013 CIRCLE AUDETTE RONALDESR NAME NAME STREET ADDRESS 5144 SW 181ST COURT STREET ADDRESS DUNNELLOW FL 34431-5713 CiTY-ST-7IP DUNNELLON, FL 34432 CITY-ST-ZIP Delete S/T 800056213498 TITLE TITLE NAME HACKER, ROBERT A. NAME 06/15/05--01043--004 **61.25 8783 N. RONDA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITRUS SPRINGS, FL 34433 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 6-13-05 352-489-1772 ROBERT A HACKER

Dayume Phone #